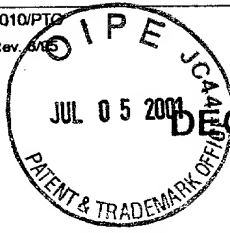


0010/PTO Rev. 3/15  <b>DECLARATION</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing    OR <input checked="" type="checkbox"/> Declaration Submitted After Initial Filing	U S Department of Commerce Patent and Trademark Office	Attorney Docket Number	NZK-128
	First Named Inventor	FUJII	
	<b>COMPLETE IF KNOWN</b>		
	Application Number	09/333,521	
	Filing Date	06/15/99	
	Group Art Unit		
Examiner Name			

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NEF-ATTACHABLE, PROTEIN, DNA ENCODING THE PROTEIN AND A MONOCLONAL ANTIBODY AGAINST SAID PROTEIN

(Title of the Invention)

The specification of which

☐ is attached hereto  
OR  
☒ was filed on (MM/DD/YYYY) 06/15/99 as United States Application Number or PCT International Application Number 09/333,521 and was amended on (MM/DD/YYYY)                      (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § .56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?	
				YES	NO
185,708/1998	Japan	06/15/98	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

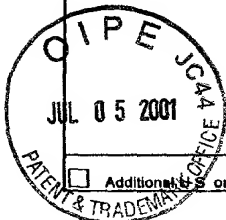
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

## DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations 1.56 which became available between the filing date of the prior application and the national or PCT filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)



☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Firm Name <b>Fisher, Christen &amp; Sabol</b>		Payor Number (if applicable)	
Name	Registration Number	Name	Registration Number
Virgil H. Marsh	23,083	Kara M. Armstrong	38,234
Barry I. Hollander	28,566	Irina S. Zemel	43,402
<input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.			

<input checked="" type="checkbox"/> Please direct all correspondence to	Name <b>Barry I. Hollander</b>		
Address <b>Fisher, Christen &amp; Sabol</b>			
Address <b>Suite 300, 1019 19<sup>th</sup> Street, N.W.</b>			
City <b>Washington</b>	State <b>D.C.</b>	Zip <b>20036</b>	
Country <b>USA</b>	Telephone <b>(202)659-2000</b>	Fax <b>(202)659-2015</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			

Name of Sole or First Inventor:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	<b>Yoichi</b>	Middle Initial		Family Name	<b>Fujii</b>	Suffix	
Inventor's Signature <i>Yoichi Fujii</i>						Date	<b>08/20/99</b>
Residence: City	<b>Nagoya-shi,</b>	State		Country	<b>Japan</b>	Citizenship	<b>Japan</b>
Post Office Address: <b>Aichi</b>							
<b>4-43, Taiho 2-chome, Atsuta-ku</b>							
City	<b>Nagoya-shi, Aichi</b>	Zip		Country	<b>Japan</b>	Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Kaori	Middle Initial		Family Name	Otake	Suffix	
Inventor's Signature <i>Kaori Otake</i>						Date	08/20/99
Residence: City Kani-shi, Gifu				Country Japan		Citizenship Japan	
Post Office Address: 2005-1, Imawatari							
City Kani-shi, Gifu		State		Zip		Country Japan	
						Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City				State		Country	
City				State		Country	
Post Office Address:							
City		Zip		Country		Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City				State		Country	
City				State		Country	
Post Office Address:							
City		Zip		Country		Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City				State		Country	
City				State		Country	
Post Office Address:							
City		Zip		Country		Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City				State		Country	
City				State		Country	
Post Office Address:							
City		Zip		Country		Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City				State		Country	
City				State		Country	
Post Office Address:							
City		Zip		Country		Applicant Authority	



Variable	Mean		SD		t		p	
	Control	Case	Control	Case	Control	Case	Control	Case
Age	22.5	22.5	1.5	1.5	0.0	0.0	1.000	1.000
Gender	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Education	12.0	12.0	1.0	1.0	0.0	0.0	1.000	1.000
Occupation	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Marital status	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Religion	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Income	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Health status	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Family size	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental education	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental occupation	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental marital status	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental religion	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental income	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental health status	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental family size	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental education	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental occupation	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental marital status	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental religion	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental income	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental health status	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental family size	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental education	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental occupation	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental marital status	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental religion	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental income	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental health status	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental family size	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental education	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental occupation	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental marital status	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental religion	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental income	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental health status	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental family size	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental parental education	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental parental occupation	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental parental marital status	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental parental religion	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental parental income	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental parental health status	1.0	1						